

MASSACHUSETTS STATE RACING COMMISSION



c/o Suffolk Downs
111 Waldemar Ave
East Boston, MA 02128
FAX # (617) 561-0803

1 Ashburton Place
Boston, MA 02108
Room 1313

FOR OFFICIAL USE	License
	Receipt No. _____ Inspector _____
	___ Cash / Check _____ Date _____
	Badge
	Receipt No. _____ Inspector _____
	___ Cash / Check _____ Date _____

2007	<input type="checkbox"/> OWNER \$30* <input type="checkbox"/> OWNER & TRAINER \$60*	THOROUGHBRED LICENSE APPLICATION
	<input type="checkbox"/> TRAINER \$30* <input type="checkbox"/> ASSISTANT TRAINER \$30*	
	* Badge fee is an additional \$5.	

NAME _____ / _____ (Print) Last First Middle Maiden Name	
PERMANENT ADDRESS _____ Street _____ City State Zip	
PRESENT ADDRESS (If different than permanent address) _____ Street _____ City State Zip	
PLACE OF BIRTH _____ City State Country	
SOCIAL SECURITY NUMBER [][] [][] - [][] - [][][][] DATE OF BIRTH [][] [][] - [][] [][] - [][] [][] [][][][] [][][][] [][][][] [][][][] HEIGHT WEIGHT HAIR EYES M F PRESENT PHONE NUMBER ([][][][]) [][][][] - [][][][][] FAX NUMBER ([][][][]) [][][][] - [][][][][]	

1. Where are your horses stabled? _____			
2. Name of your trainer _____			
3. Name of horse that makes you eligible for licensing _____ Date of last start _____ Track _____			
4. Do you race under a stable name? If yes, state stable name _____ If you race under a stable name you are also required to submit a Stable Name application	<table border="1"> <tr><td>Yes</td><td>No</td></tr> </table>	Yes	No
Yes	No		

5. Do you have the ability to pay bills incurred within the Commonwealth of Massachusetts in the care and maintenance of horses owned by you as required by 205 CMR 4.12 (5)?	<table border="1"> <tr><td>Yes</td><td>No</td></tr> </table>	Yes	No
Yes	No		

6. Have you been licensed previously by the Massachusetts State Racing Commission? If yes, what year? _____ licensed as _____ year _____ licensed as _____	<table border="1"> <tr><td>Yes</td><td>No</td></tr> </table>	Yes	No
Yes	No		
7. Do you have, or have you ever had a license from any other state? If yes, what State? _____ year _____ licensed as _____ State _____ year _____ licensed as _____	<table border="1"> <tr><td>Yes</td><td>No</td></tr> </table>	Yes	No
Yes	No		

8. Are you now or have you been suspended, set down, ruled off or otherwise debarred from participating in racing by any racing organization, association, commission, or other recognized turf authority in the United States or elsewhere? If yes, give details of each instance. When _____ Where _____ Why _____ Disposition _____	<table border="1"> <tr><td>Yes</td><td>No</td></tr> </table>	Yes	No
Yes	No		

9. Have you ever been arrested or indicted for any crime? If yes, give details of each instance _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
10. Have you ever been <u>convicted</u> of violating the law? If yes, give details of each instance _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
11. Have you ever been convicted by any court of law for illegal possession, sale or distribution of narcotics? If yes, give details of each instance _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
12. Are you presently on parole or probation? If yes, give details of each instance _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
13. Have you ever had any permit or license of any type whatsoever denied, suspended or revoked by any Federal, State, or City Agency? If yes, give details of each instance _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

NOTICE TO TRAINERS Do you have employees? All trainers are required by the Commonwealth of Massachusetts to carry Workmen's Compensation Insurance On all of their employees per regulations established by the Department of Industrial Accidents. NAME OF COMPANY _____ POLICY NUMBER _____ EXPIRATION DATE _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

**A FALSE ANSWER TO AN QUESTION IN THIS APPLICATION
CONSTITUTES GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE.**

I hereby certify I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth, and do hereby assent and agree, as a condition precedent to receiving of said license to abide by all the Rules of Racing adopted by the Massachusetts State Racing Commission and to accept the decision of racing officials as final on any matter relating to race or racing and that said license may at any time be summarily revoked, cancelled, suspended, or withdrawn.

NOTICE:

In making this application for a license to participate in racing it is understood that an investigative report may be made whereby information is obtained from **any criminal records**, through personal interviews with third parties such as family members, business associates, financial sources, friends neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

NOTICE:

In accordance with G.L. C.66A, Section 2(c), I hereby authorize the release of any and all information contained in this application to any body or authority on racing recognized by the Massachusetts Racing Commission. In doing so, I waive whatever rights I may have under G.L. C.66A or regulations promulgated under its provisions concerning the release of information contained in this application to any body or authority on racing recognized by the Massachusetts State Racing Commission.

NOTICE:

Section 205 CMR 4.00 Rules of Horse Racing Section 4.01.

"All licensees are participants are charged with the knowledge of the rules and regulations of this commissions".

NOTICE:

Pursuant to M.G.L. 62C, sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, Have filed all state tax returns and paid all state taxes required under law.

STEWARDS RECOMMENDATIONS _____ _____ _____
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License applied for expires December 31 st year of issue SIGNED UNDER THE PENALTY OF PERJURY X _____ Signature of applicant DATE _____
